

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101031003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		①		/			54						
5		①		/			55						
6		①		/			56						
7		①		/			57						
8		①		/			58						
9	/		/				59						
10	/		/				60						
11		①		/			61						
12		①		/			62						
13		①		/			63						
14	/		/				64						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			16				TOTAL DEP.						
TOTAL CLAIMS			21				TOTAL CLAIMS						